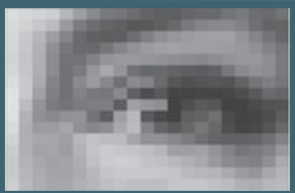


# A New Vision: Supporting Seniors with Age Related Vision Loss



Presented by  
Malia Powell, Community Specialist  
Vision Loss Resources

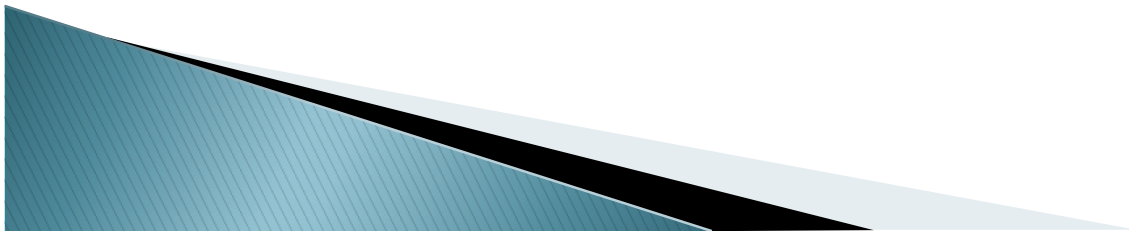
# Vision Loss Resources

- **A Non-Profit Organization**  
(formerly Minneapolis and St. Paul Societies for the Blind)
- **Comprised of three service areas:**
  - Community Services
  - Rehabilitation
  - DeafBlind Services MN
- **Funded by:**
  - Greater Twin Cities United Way
  - Contract Production Services, Inc.
  - Private donations/contributions



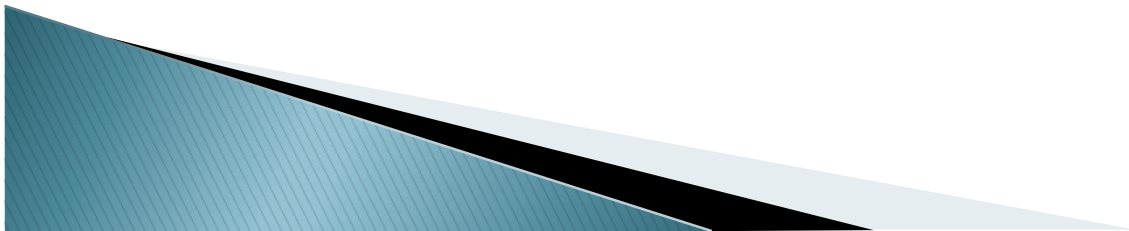
# Vision Loss Resources...

- Provides free in-home vision and/or hearing assessments to clients within the Twin Cities Metro area.
- Connects clients to internal and external resources such as daily living skills classes, community center and education, support groups, talking books and transportation options.



# Overview

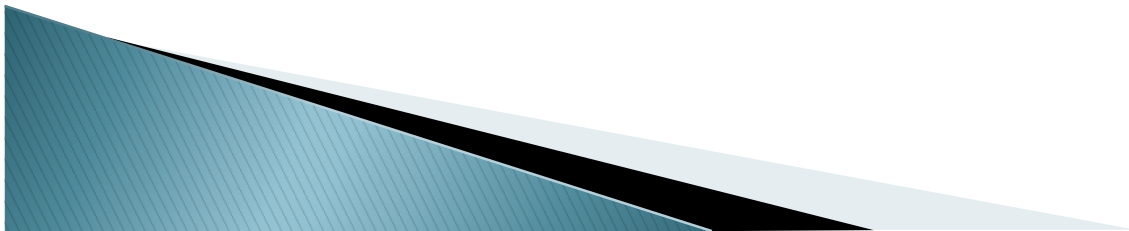
- Common Age-Related Eye Diseases
- Charles Bonnet Syndrome
- Vision Loss Identifiers
- Amsler Grid
- Hearing Loss/Combination Loss
- Emotional Aspects



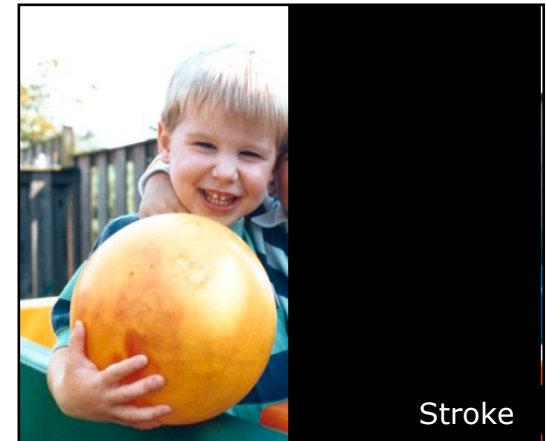


# Overview

- Adaptations
- Activities / Games
- Best Practices
- Sighted Guide
- Other Helpful Ideas
- Additional Resources



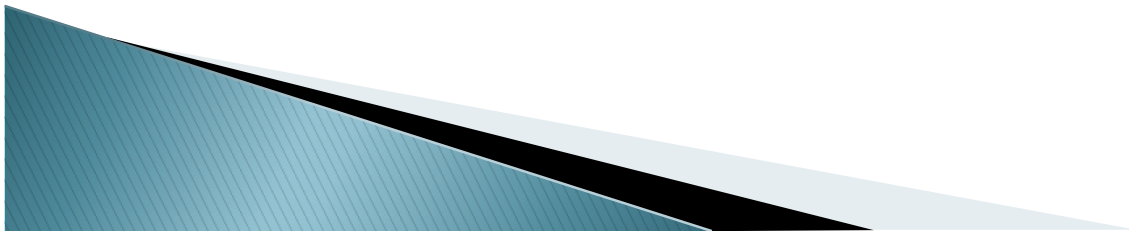
# Common AREDs



Source: National Eye Institute, National Institutes of Health

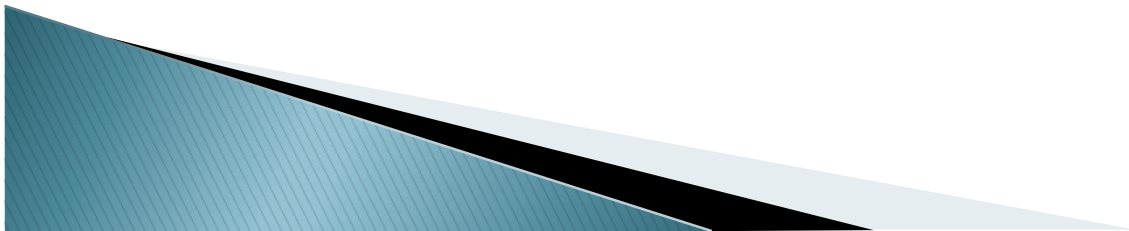
# Charles Bonnet Syndrome

- Visual images brought on by vision loss
- Affects 10% to 40% of people with low vision
- Optic nerve 'misfiring'; similar to 'phantom limb'



# Charles Bonnet Syndrome

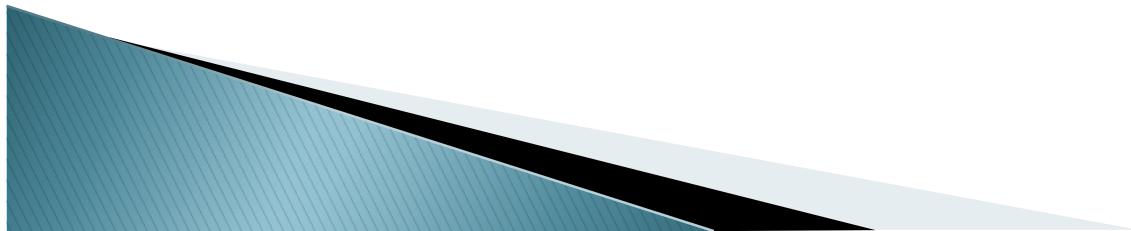
- Typically pleasant images, such as stripes, dots, flowers and animals, in not so typical places
- Occurrence varies (daily, weekly, monthly, etc.)
- Occurs when person is awake
- Not a mental health issue



# Vision Loss Identifiers

Does person seem to:

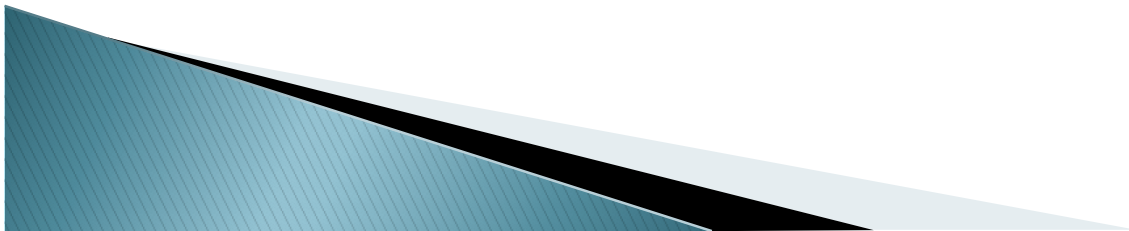
- read print by squinting or tilting their head to see?
- find lighting either too bright or dim?
- have frequent eyeglass prescription changes?



# Vision Loss Identifiers

Does person seem to:

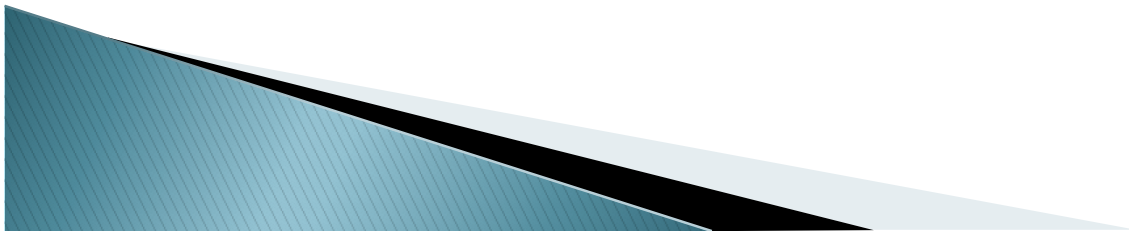
- have difficulty recognizing faces?
- have changes in their personal appearance?
- have changes in table etiquette?



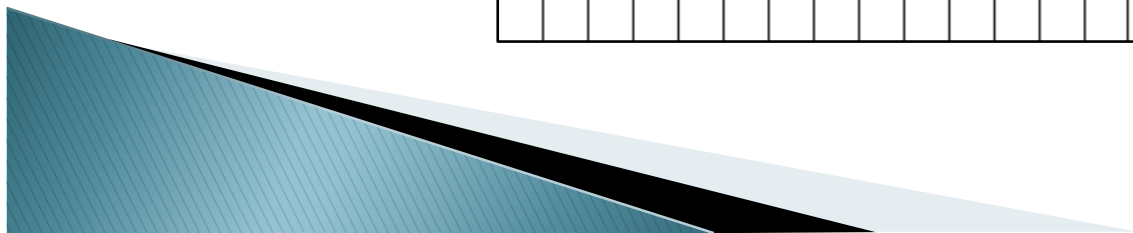
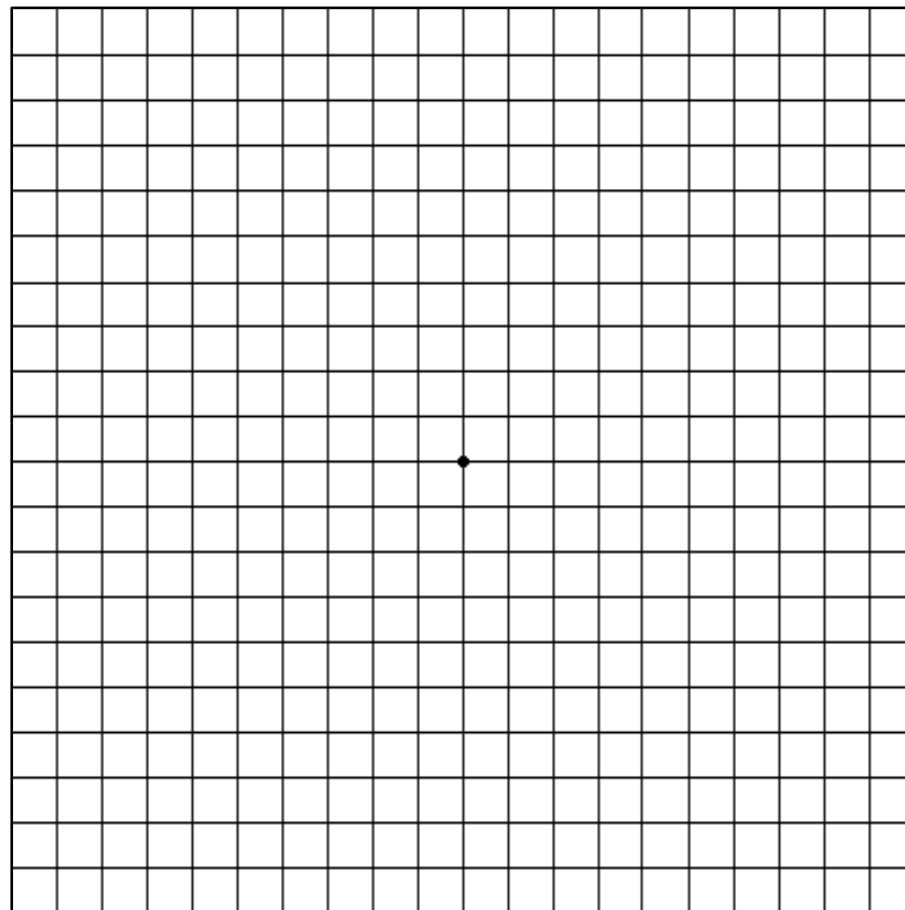
# Vision Loss Identifiers

Does person seem to:

- move about cautiously or bump into objects?
- have difficulty with or withdrawal from activities?



# Amsler Grid

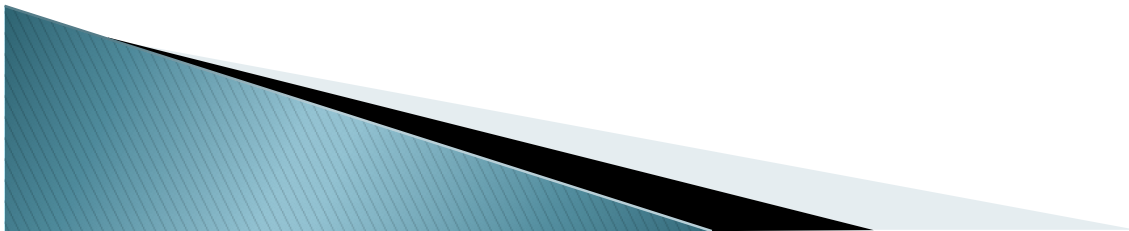




# Hearing Loss

## Conductive

- Fluid in the middle ear
- Ear infection
- Impacted earwax



# Hearing Loss

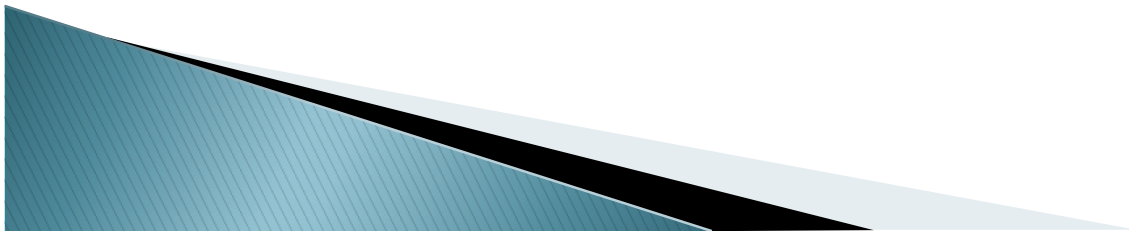
## Sensori-neural

- Illness
- Medications
- Genetic/Hereditary
- Aging
- Head trauma
- Overexposure to loud noise



# Hearing Loss

- Typically high frequency
- Loss of environmental cues
- Background noise interference
- Clarity vs. volume
- Seems worse due to vision loss



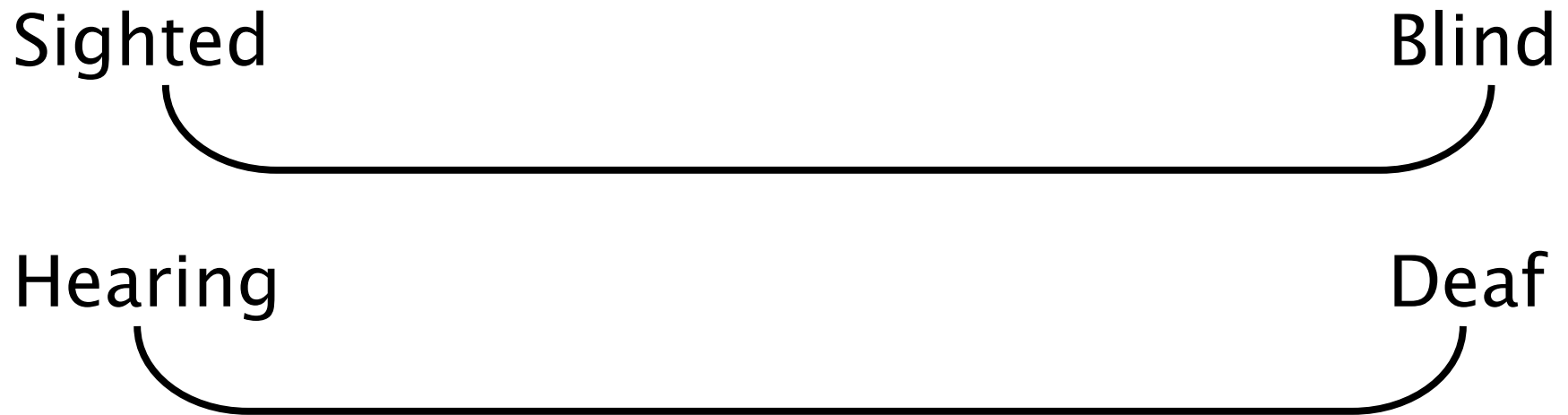
# Combination Loss

- 80–90% of our information about our world comes through vision & hearing
- Not “deaf + blind” but “deaf x blind”: Loss of alternative sense/cues (vision and hearing work in tandem)
- Hearing loss seen as nuisance vs. vision loss seen as a significant life altering event

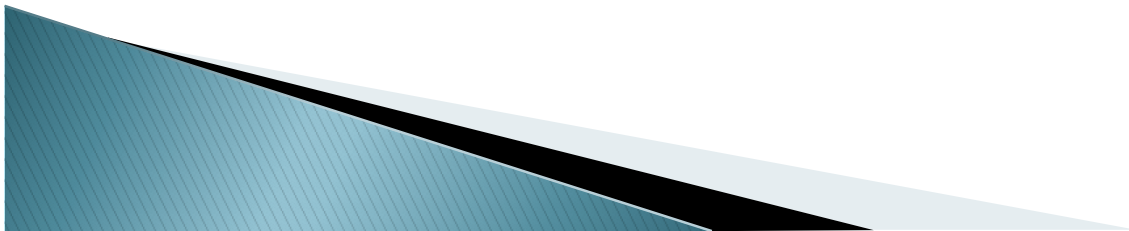


# Combination Loss

## Dual Sensory Loss Continuum



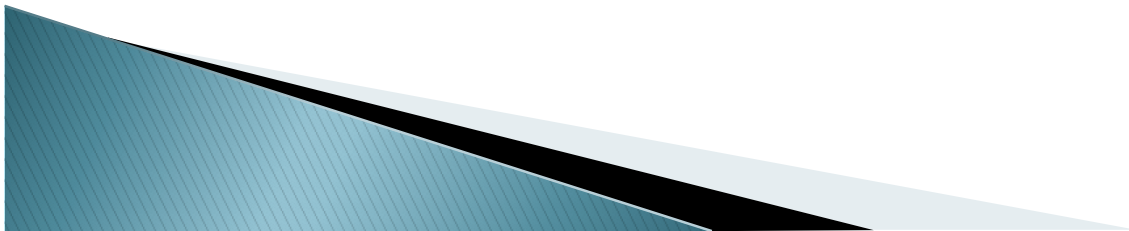
No two persons' losses are the same, nor how they react!



# Emotional Aspects

The Loss of...

- what you thought the rest of your life would be like
- self esteem, confidence, pride, sense of who you are
- what you can no longer do or is difficult to do

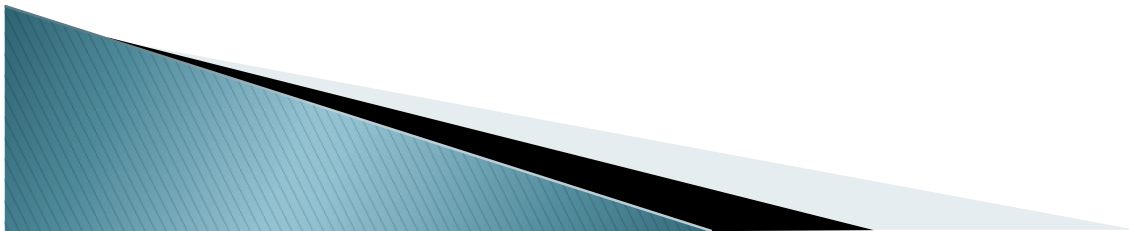


# Emotional Aspects

## The Changes...

- in the way people treat you
- in day-to-day tasks or events, such as vocation, finances, social, relational, independence and mobility

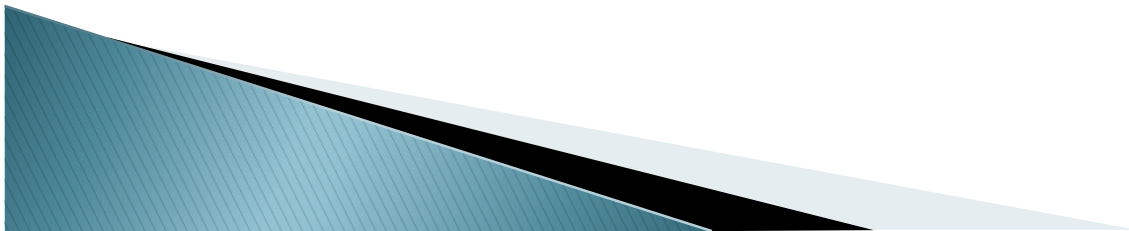
*The greater potential for isolation/depression*



# Emotional Aspects

## Coping tools

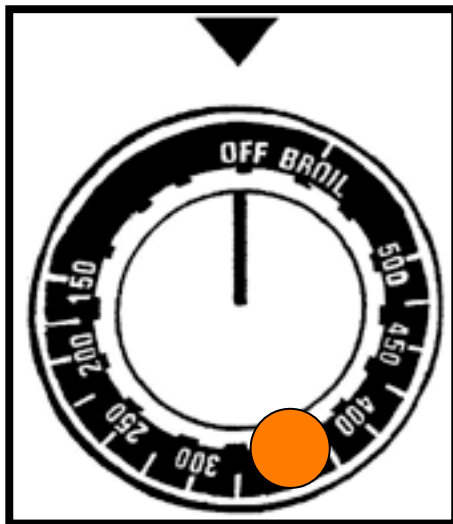
- Identifying inner strength
- Identifying outer resources
- Learning skills for a new way of life
- Discovering a 'new normal'





# Adaptations

## Appliance Marking 'Bump Dots'



# Adaptations – Magnification

- Handheld magnifiers with or without light



- Stand magnifiers



# Adaptations – Magnification

- Strong reading glasses



- Eyeglass binoculars



- CCTV or Reading machine



# Adaptations – Lighting

- Natural, Fluorescent, Incandescent or Halogen lighting
- Face back or chair to window/light
- Direct or task lighting
- OTTLite® (creates natural light)
- GE Reveal® (blue light)
- Experiment!



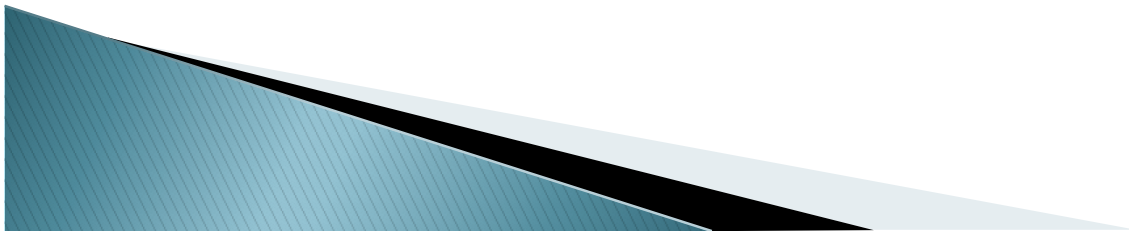
# Adaptations – Pouring Liquids

- Use contrasting cup for liquid with color
- Listen to liquid – sound gets softer as liquid rises
- Make contact with pitcher – do not ‘free’ pour
- Use liquid level indicator



# Adaptations – Writing

- Large print lined paper
- 20/20 pen
- Signature guide
- Writing checks
  - Bold lines on check
  - Large print checks
  - Check writing guide



# Adaptations – Devices

- One Touch<sup>®</sup> can opener

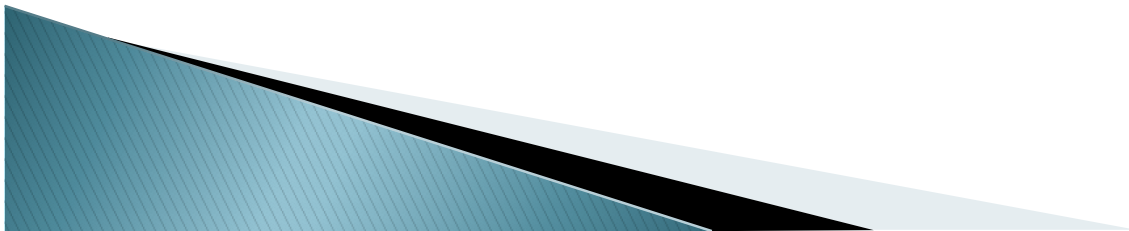


- Talking timer – for cooking or managing meds



# Adaptations – Printing

- Large print: font size 18 or larger
- Use upper and lower case letters; avoid all CAPITAL letters
- Sans-serif font
- Black on white for contrast
- Do not use a lot of color or busy designs





# Large Print, Font & Contrast

*Wednesday Movie*

*'Singing in the Rain'*

*June 22*

*6:00 PM*

**Wednesday  
Movie**

**'Singing in  
the Rain'**

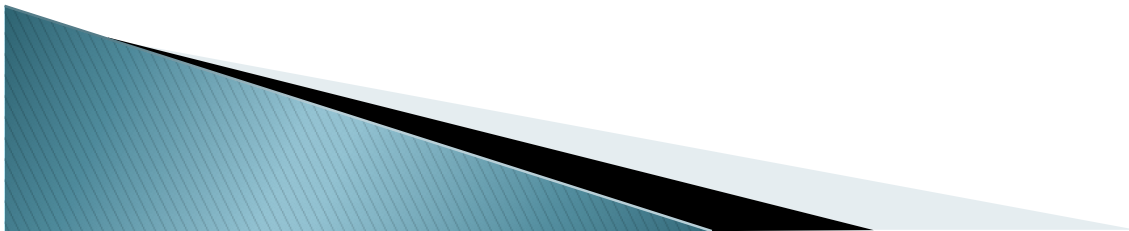
**June 22  
6:00 PM**

# Activities / Games

- Audio–  
Described  
Movies / Plays

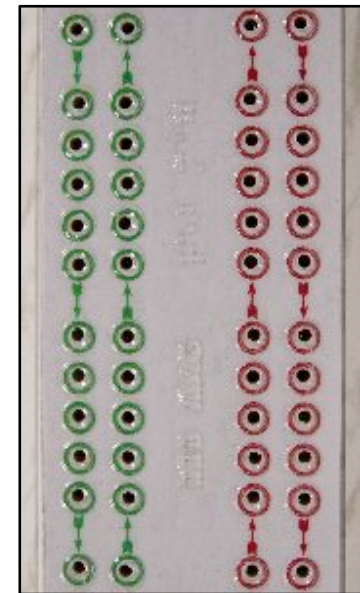


- Old Time Radio  
Network Library  
([www.otr.net](http://www.otr.net))
- ‘Talking Book’ Clubs



# Activities / Games

- Large print BINGO
- Large print/ Braille cards
- Cribbage



# Activities / Games

- Large Print Scrabble



Hosted games:

- Trivia
- Scattergories
- Listographies

# Best Practices

1. Identify/introduce yourself.
2. Inform before doing anything.
3. Refrain from moving things.
4. Avoid standing in front of light/window.
5. Contrast!
6. Read everything.



Refer to **Best Practices** list for more detail

# Best Practices

7. Describe the position of food on plate.
8. Give explicit directions and verbal responses.
9. Speak clearly, at slow-to-normal rate.
10. Rephrase rather than repeat.
11. Check for understanding.
12. Offer help or wait to be asked.



Refer to **Best Practices** list for more detail

# Sighted Guide

- First, ask person if they would like sighted guide assistance.
- To begin, have the person gently grasp your arm just above the elbow.
- Walk together at a normal pace, staying half a step ahead. Describe landmarks and things of interest. Alert person to potential obstacles.



# Sighted Guide

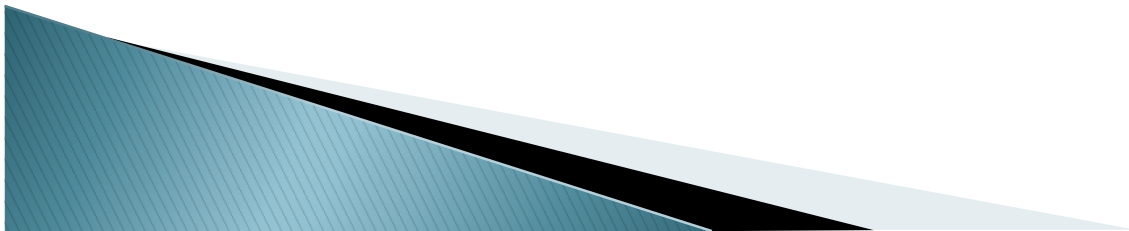
- Stairs and curbs should be approached squarely, never at an angle. Stop at beginning of steps to advise if steps go up or down. Have person grab the handrail with one hand and either continue to hold your arm or their cane with the other. On stairs, stay one step ahead. Do not count the number of steps, simply let person know when they have reached the last step.





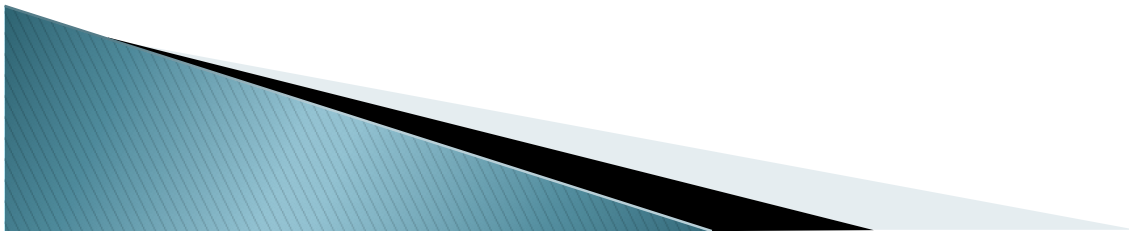
# Sighted Guide

- Once you have reached the destination and described the surroundings, it is time to break contact. Before you break contact, put the person in touch with an object such as a wall or piece of furniture; simply leaving them in space can be extremely disorienting.



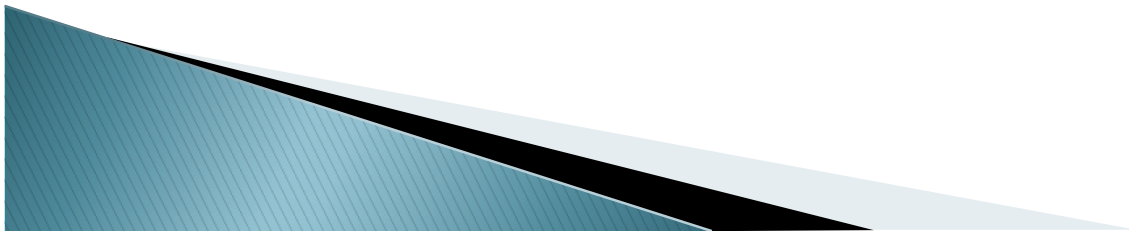
# Sighted Guide

- If a person uses a walker, and has difficulty with spatial orientation, ask if it is OK to hold on to one side of the walker and help guide. Gently guide while explaining surroundings.



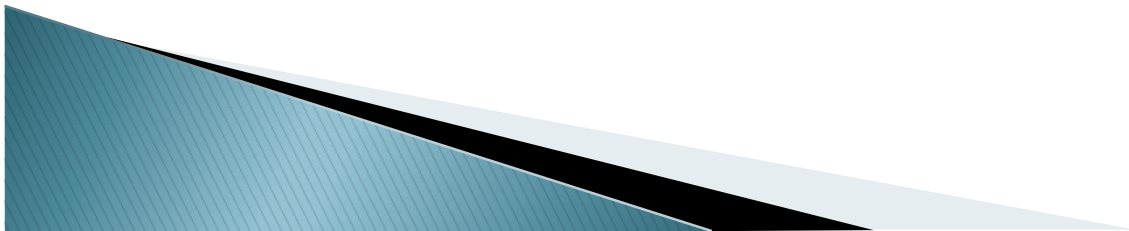
# Other Helpful Ideas...

- Volunteer readers
- Volunteer callers
- Record activities on phone line
- Support group
- Phone pal



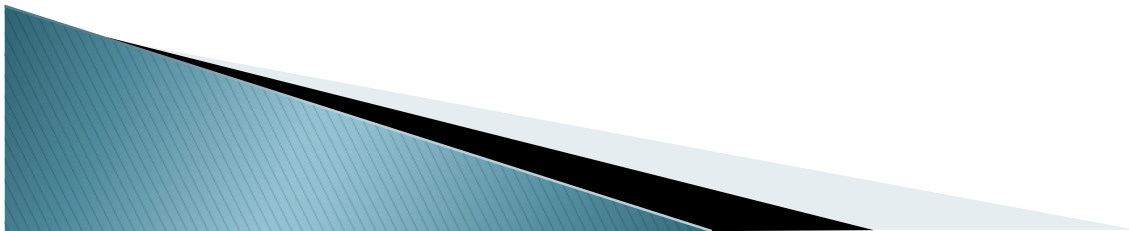
# Additional Resources

- MN State Services for the Blind
- MN Braille and Talking Book Library
  - Large print books
  - Digital Books
  - Talking Radio



# Additional Resources

- MN Deaf and Hard of Hearing Services
- Telephone Equipment Distribution (TED) Program
- Free Directory Assistance (411)
- Grocery delivery services
- Transportation services



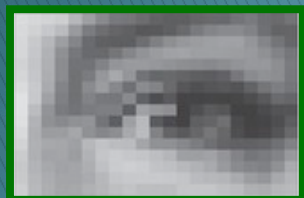
# Thank you!

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[www.visionlossresources.org](http://www.visionlossresources.org)



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Vision Loss Resources